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ACT UP TO TOM FRIEDEN: YOU'RE MIA ON HIV
New Infections on the Rise in Key Subpopulations, Despite Options for Prevention

JUNE 9, 2014 – ATLANTA, GA – The number of new cases of HIV in the US overall has held steady for the past decade at 50,000 per year. But this doesn't mean that the HIV epidemic has steadied. Since 1993, new cases of HIV among gay and bisexual men and transgender women have been on the rise. According to numerous local and national studies, they've spiked. In Atlanta, a recent study shows that 12% of young gay black men are getting HIV every year. Even in the CDC's own backyard, the HIV crisis continues to rage.

Up until recently, preventing sexual transmission of HIV meant one thing: condoms. Today, there are three additional, proven means of HIV prevention:

- Treatment as Prevention (TasP): Sustaining an undetectable viral load if you have HIV means you are highly unlikely to transmit the disease.
- Truvada, a pill originally developed for the treatment of HIV, can now be taken once daily as Pre-Exposure Prophylaxis, or PrEP, to pharmaceutically prevent HIV in negative people at risk.
- Post-Exposure Prophylaxis (PEP): Taking anti-HIV medications as soon as possible after exposure to HIV can reduce the chance of becoming HIV positive. To be effective, PEP must begin within 72 hours of exposure.

Without real leadership and promotion from U.S. public health officials, these prevention methods will remain underutilized. Without a concerted effort to address the HIV prevention needs of marginalized communities affected by high levels of homelessness, job insecurity, and HIV-related stigma, it will not be feasible or safe for individuals to access the resources they need to protect themselves.

On Monday, June 9th, members of ACT UP NY, along with Treatment Action Group (TAG) and Atlanta allies, will meet with the Centers for Disease Control & Prevention (CDC)'s HIV prevention personnel in Atlanta, GA. **ACT UP will call upon the CDC to meet its commitment of keeping all Americans healthy and to act now upon the promise of TasP, PrEP, and PEP, address social and structural barriers to lifesaving prevention options, and reduce the transmission of HIV in those groups where the incidence is rising.**

In honor of the groundbreaking "Denver Principles" (http://www.poz.com/pdfs/denver_principles.pdf) – created in 1983 by people with AIDS from around the country to articulate PWA self-empowerment and a human rights-based approach to addressing the epidemic – ACT UP NY, TAG and Atlanta allies have created the "Atlanta Principles," a series of proposed actions the CDC can take now to radically change and improve the way it currently conducts HIV prevention in the United States. Among them are: sexually frank HIV prevention messaging and education, better promotion and availability of TasP, PrEP and PEP, revised testing guidelines for key populations, more sensitive HIV epidemiology, reform of the National HIV Behavioral Surveillance (NHBS), and ongoing partnership with HIV-affected communities.

ACT UP NY, TAG and Atlanta allies will hold a press conference Tuesday, June 10th, at 10:30 AM at Embassy Suites Atlanta, 267 Marietta Street, Atlanta, GA, in the Marietta Room. To attend, please email Jennifer Avril at jen@avrilconsulting.com.

We will only see a drop in the number of new HIV infections after we see significant gains in the numbers of people practicing all methods of HIV prevention. CDC must act now to curb and reduce the rising incidence of HIV transmission in highly impacted communities and ensure that other vulnerable subpopulations such as women and people who inject drugs do not see a rise in transmission.

AIDS is not history until we make it history. ACT UP, FIGHT BACK, FIGHT AIDS!

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ACT UP
AIDS Coalition to Unleash Power

The Atlanta Principles

Researchers from the Emory School of Public Health recently released an estimate: 12% of young black gay men in Atlanta become infected with HIV each year. In the cohort studied, a man who becomes sexually active at age 18 has a 60% chance of seroconverting by the time he's 30. The most recent figures on the wider epidemic from the Centers for Disease Control and Prevention (CDC)—which makes its home in Atlanta— are almost as alarming. Over a two-year period new infections rose by about 12% among all men who have sex with men (MSM, a category that includes transgender women), and by 22% for young MSM. A gay man was thirty times likelier to become HIV-positive than a straight man. Though domestic data on transgender people are not strong enough to cite with confidence, international figures tell us of a significant rise in new cases of HIV among transgender women. Last month a prominent NIH researcher summarized long-term HIV incidence data to an audience at Columbia University: "Among MSM," he said, "new HIV infections are out of control."

Just a few years ago, prevention of the sexual transmission of HIV meant one thing: using a condom for intercourse. Today there are multiple means of HIV prevention, and they involve both people who are living with HIV and people who are HIV-negative. Treating people living with HIV has a prevention benefit: someone living with HIV who has an undetectable viral load is extremely unlikely to transmit HIV. And the Food & Drug Administration (FDA) has approved Truvada as Pre-Exposure Prophylaxis (PrEP), a pharmaceutical HIV prevention for HIV-negative people at risk.

To HIV activists and service providers from affected communities, CDC has often seemed eerily absent from this freshly challenging, rapidly changing prevention landscape. Communities have the right to benefit from the knowledge obtained through research on them. This is a fundamental principle of human subject research. Community members have been subjected to a huge amount of HIV-related research over the past thirty years. Now that this research has shown just how crucial TasP, PEP, and PrEP could be for lowering the number of new infections, this knowledge must be translated quickly into policies and programs that could help relieve our communities of the massive burden of disease into the foreseeable future. Toward this end, ACT UP NY and our community allies are asking CDC to change the way it conducts HIV prevention:

Sexually Frank HIV Prevention Messaging

Effective HIV prevention requires informational materials that deal frankly with sex and discuss the realities of maintaining bodily health. When these materials ignore the human body, those who need to practice sexual health ignore it too. The 1987 Helms Amendment prohibits federal funding for materials that promote homosexual activity. To protect itself, CDC drafted content guidelines that prevent the agency from producing openly sexual materials and from funding the production of such materials by local health departments. In silencing itself and its partners, CDC has abandoned its mandate to keep the nation healthy. Current content guidelines deprive the nation of necessary health information and contribute to an atmosphere that discourages sex research. The resulting gaps in our knowledge hamper the ability to target prevention efforts. Promoting sexual health will require the persistence of healthcare agencies in the face of attempts to censor and suppress its efforts, sometimes sustained by traditional beliefs. CDC has an ethical responsibility to promote the health of its constituents and their rights as individuals, even when this proves inconvenient, controversial, unpopular or difficult.

- ***CDC must rewrite content guidelines to allow the production and promotion of sexually explicit materials in the interest of public health. It must collaborate with the communities most affected by HIV to design those materials.***

Treatment as Prevention (TasP)

Diagnosing and treating HIV as soon as possible improves the long-term health of a person living with HIV, and sustaining an undetectable viral load means a person is very unlikely to transmit the virus. TasP has the potential to radically change HIV prevention. Yet, due to substantial leaks in the HIV treatment cascade, only one in four US residents living with HIV has currently achieved sustained undetectability. Were knowledge of TasP widespread, it could help de-stigmatize HIV and empower people living with HIV by helping them make decisions about treatment and helping them and their partners make decisions about sex. Yet the message about TasP has not been getting through to communities most affected by HIV.

- ***CDC has to aid local health departments in exploiting the Affordable Care Act (ACA) and expanded Medicaid to plug leaks in the treatment cascade so that more people living with HIV can live better and achieve undetectability.***

- ***CDC should collaborate with the communities with the highest HIV prevalence to design a national information campaign about the prevention benefits of HIV treatment. The campaign should target both HIV(+) and HIV(-) individuals and include social media channels.***

- ***CDC should design and deliver a national TasP information campaign for the general population to de-stigmatize HIV by dispelling misinformation about its transmission.***

Pharmaceutical Prophylaxes: PrEP & PEP

On May 14, 2014, twenty-two months after the FDA approved the antiretroviral Truvada as PrEP for HIV, CDC released final guidelines for clinical practice. Yet many people in HIV-affected communities are unaware of or confused about PrEP, and many community practitioners are advising their patients to stay away from it. CDC has produced useful PrEP materials, but it has yet to invest in PrEP education that targets practitioners and members of communities where HIV incidence remains high. In the absence of CDC action, community-based activists and service organizations have had to set up local PrEP education efforts without much guidance, funding, or technical assistance. For many years PEP— Post-Exposure Prophylaxis— has been standard of care for possible non-occupational expo-

HIV Testing and Identifying Acute HIV Infection (Seroconversion Illness)

HIV testing is the ground for individual decisions about HIV treatment and prevention. Yet many members of high risk populations elude testing because they rarely seek care. Officials at CDC have said the agency will need more than a year to reconsider its current recommendation of yearly testing for key populations. Many community HIV workers believe more frequent testing would catch more infections sooner. Local clinicians complain that the lack of a Clinical Laboratory Improvement Amendments (CLIA) waiver from CDC is an obstacle to bringing fourth generation HIV testing to the point of care—testing that could identify infection earlier and narrow the window on the highly infectious period of untreated acute infection. Few people at risk for HIV and their providers know to look for the symptoms of acute infection. This ignorance masks many new infections that could be caught early, a danger to individual and community health.

- ***CDC should consider expanding testing sites beyond traditional points of care, to dental offices and mental health settings, and beyond medical settings to places where key populations gather in their everyday lives.***

- ***CDC must promptly revise HIV testing guidelines for key populations.***

- ***CDC must grant CLIA waivers right away for HIV diagnostics that bring the most sensitive testing to the point of care.***

- ***CDC and its local partners must train practitioners about how to screen for and detect acute HIV infection, as well as educate communities at risk.***

Need for More Sensitive HIV Epidemiology

While the number of new HIV infections has dropped in some communities at risk, the number has flared among subpopulations such as transgender women and young gay men. CDC's incidence estimates currently group transgender women with gay and bisexual men, confounding efforts to quantify the epidemic for trans women. Research suggests that targeting effective prevention interventions to sexual networks would be an effective prevention strategy— but one that will require more precise data on different subpopulations than CDC now provides.

CDC does not furnish incidence estimates for sex workers. CDC has admitted the agency knows little about the sex practices of transgender men.

Although estimated new HIV infections among IDUs have dropped, recent reports warn of a new heroin epidemic, some of it in the suburbs. Among young IDUs incidence of Hepatitis C is reportedly high, a possible early warning sign of a rise in HIV infections. HIV incidence in women has dropped, but workers in the field warn that new infections persist among women at particular risk, including homeless women and women in abusive relationships. We cannot let our success in lowering new infections in some groups blind us from what might be going on in subsets of these populations.

- ***CDC has to disaggregate HIV incidence data for transgender women from data it collects for gay and bisexual men so it can make separate incidence estimates.***

- ***CDC needs to collect data specific enough for tailoring prevention to the sexual networks of a full range of gay and bisexual men.***

- *CDC has to collect data that will facilitate our understanding of HIV risk for transgender men and for sex workers.*

- *CDC must be careful to monitor HIV incidence for the new wave of young IDUs and for women at particular risk.*

Reforming National HIV Behavioral Surveillance (NHBS)

NHBS, behavioral surveillance among persons at high risk for HIV infection, conducted in rotating annual cycles for MSM, IDUs and at-risk heterosexuals, informs how we think about the evolving epidemic and how we prevent new infections. Yet officials from local health departments in New York and San Francisco routinely point out flaws in NHBS data. A retooled NHBS could help us better understand and deal with the spread of HIV.

- *CDC should introduce real-time PCR sampling of NHBS subjects who report an unknown serostatus to determine incidence of acute infection.*

- *CDC should take the viral load of a subsample of NHBS subjects to help estimate community viral load.*

- *To ensure that NHBS participants who report an unknown serostatus are not simply reluctant to share personal information, CDC should test a subsample for antiretroviral drugs in the blood.*

- *CDC could use NHBS to help discover possible behavioral and biomedical correlates of HIV infection in high-incidence subpopulations.*

CDC and Sex Education

Over the last few decades, a general retreat from sex education in middle schools and high schools across the country has left our young people knowing less about sex in general, about queer sex in particular, about HIV and about which sex acts present risk. Some messages interfere with education. One CDC official recently claimed, without offering evidence, that new infections among gay men occur because they no longer fear the virus. Fear has not stopped the number of new infections among MSM from rising since 1993. Fear will not reverse those numbers in 2014. Young gay men have been taught to fear HIV but have not been given the knowledge and the tools that will help them become functioning, sexual human beings and maintain health at the same time.

- *CDC should issue basic sexual education guidelines, free of prejudice, that normalize sex as part of a healthy life: What do students need to know in order to maintain sexual health? Sex education has to speak openly about heterosexual sex and the full range of queer sex— gay, lesbian, bisexual, and transgender— without stigmatizing language.*

- *CDC should work with local officials to develop or improve a local HIV curriculum that educates students about HIV, its treatment and prevention, behavioral and pharmaceutical, and works to counter HIV fear and stigma. CDC should survey students to help ensure the curriculum's effectiveness.*

- *Fear-based HIV prevention messages only feed stigma: CDC has to abandon them.*

The Lives of People with HIV Inform Clinical Practice

The care of people living with HIV and the success of TasP depend on accurate and thorough data collection in order to inform best clinical practice. Two groups in particular concern us. A whole generation of people living with HIV is entering their senior years. This is uncharted medical territory. Many of these seniors have been living with HIV for decades; many have been taking antiretroviral drugs for almost as long. They are likely to have special needs that only continued surveillance will discover. The number of new HIV infections has fallen among women, but there are still considerable numbers of women living with HIV. Ongoing surveillance will reveal their clinical needs, especially crucial in light of recent efforts by the Social Security Administration (SSA) to shrink the roster of conditions that will qualify a woman for an AIDS diagnosis.

- ***CDC must focus surveillance of subpopulations living with HIV, including seniors and women, so that the information gathered will improve care.***

- ***If CDC believes that SSA's proposed revisions of AIDS criteria jeopardize women's health by curtailing their access to healthcare, CDC has an obligation to oppose these changes and make its opposition known.***

CDC's Ongoing Partnership with HIV-Affected Communities

A generation ago, members of communities devastated by AIDS partnered with traditional healthcare institutions and public officials to rejuvenate public health. We believe that dealing with the current crisis in HIV prevention will require a renewal of this partnership among communities and the public, private and academic segments of the healthcare establishment. Some communities have been chronically underserved by our healthcare system. Homelessness, poverty and ongoing stigma have fueled the HIV epidemic. Yet recent consolidations in healthcare have favored large institutions over smaller, community-based partners that deal every day with the consequences of the social drivers of HIV. CDC's recent funding has traveled a similar trajectory. Yet local organizations know firsthand about HIV in their communities and understand that the wellness of community members requires more than protection from pathogens. Forging partnerships with community organizations will be more crucial than ever as CDC tries to educate key populations in the unfamiliar ways of pharmaceutical prevention and to help community providers connect newly eligible candidates to care.

- ***CDC must partner with communities most affected by HIV and nurture their organizations so they can be full partners in preventing new HIV infection and connecting people to care and wider services.***

The Affordable Care Act (ACA) raises the notion of prevention to the level of statute for the first time in this country. In concert with expanded Medicaid in more than half of the states, ACA affords us an opportunity to extend the HIV treatment cascade across the sero-divide and connect many HIV-negative people at risk to repeat testing and ongoing care. ACT UP NY and our community allies hope that the promise of ACA— in conjunction with TasP, PEP, and PrEP— occasions a renewal of HIV prevention efforts in the US, and that CDC, working with local affected communities, spearheads this renewal. The crisis of the new HIV epidemic will require nothing less.

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Press Conference Participant Bios and Quotes

Adolph Arromand
NAESM Inc.

Amistad St. Arromand is the Executive Director of NAESM Inc., a community based organization founded on the principles of social justice, community mobilization, and advocacy on the behalf of black gay men in order to address the overwhelming and compounding issues of HIV prevention and health disparities. Mr. St. Arromand is a visionary leader who has spent the large part of his career establishing longstanding community institutions that mobilize black gay men and their allies to be proactive in the establishment of policies and programs that ultimately improve health outcomes.

"While I firmly believe in supporting the Affordable Care Act and ensuring that all communities have equitable access to quality healthcare, I am concerned with the implications of the medical model and impact that the model is having on grassroots organizations and the disappearance of the cultural institutions that have been created in the past 30 years as a result of our HIV mobilization efforts. As these institutions continue to sunset, critical relationships between providers and the communities they serve will be effected further hampering our efforts to address health issues. It is time to rethink our approach so as to save our communities."

Mona Bennett
Atlanta Harm Reduction Coalition, Inc.

Executive Director Mona Bennett has been a part of the Atlanta Harm Reduction Coalition, Inc. since its beginning nearly 20 years ago. She has harm reduction, street outreach, HIV Counseling and Testing, Shadetree Counseling, and Viral Hepatitis/STI Education experience.

"It is time, past time, that we as a society have honest discussions about harm reduction, substance use, sex, HIV/Viral Hepatitis/STI education and prevention. We must have national leadership on these discussions and follow-up actions."

Cheryl Courtney-Evans
TILTT, Inc. (Transgender Individuals Living Their Truth)

Cheryl Courtney-Evans was diagnosed in 1982. Has run a transgender support & advocacy organization (TILTT, Inc.) since 2007. Certified Peer Counselor since 2005. Winner of the Pioneer Award from the Freedom Center of Social Justice, North Carolina.

"The issue most important to me is CDC inclusion of the transgender community in HIV/AIDS data gathering and connection to treatment."

Press Conference Participant Bios and Quotes

Jeremiah Johnson
Treatment Action Group

Jeremiah Johnson is TAG's first HIV Prevention Research and Policy Coordinator. Jeremiah's career in HIV/AIDS advocacy has grown from his personal experiences with the virus; he was 25 when he was diagnosed with HIV—part of a young gay male demographic that is especially vulnerable to HIV infection in the United States. Serving as a Peace Corps volunteer at the time, Jeremiah immediately found himself dealing with discrimination when the Peace Corps decided to dismiss him from service based solely on his HIV status. He took action, and with the help of the ACLU he soon had the Peace Corps's policy overturned. Over the past five years, Jeremiah has sought out experiences and education in order to better understand where the system failed him and where it continues to fail others in terms of HIV treatment and prevention. This drive has taken him to Peru to work with an AIDS service organization; to rural Colorado, where he worked as a case manager and prevention specialist for two years; to an internship with the United Nations Programme on HIV/AIDS; and, most recently, to Columbia University to study public health.

"In over three decades of the epidemic, we have had to battle with a thousand forms of hate and neglect in order to ensure that all those affected by HIV are visible and receiving the protection and care they deserve. Today, I am deeply concerned for those who continue to be invisible and the HIV prevention needs that remain unaddressed by our government. Less and less attention is being paid to the needs of HIV negative gay and bisexual men who are desperately trying to avoid the virus; transgender men and women are entirely ignored; the needs of undocumented immigrants are rarely discussed."

James Krellenstein
ACT UP/NY

James is a founding member of the Prevention of HIV Action Group of ACT UP/NY. Prior to joining ACT UP/NY in 2012, James started and managed PEPnow.org—a website that links patients in need of HIV Post Exposure Prophylaxis (PEP) to providers. James is also a physics student at the City College of New York, with an interest in the chemical physics of biological macromolecules.

"Today, we face an out of control of HIV epidemic in the United States among men who have sex with men (MSM) and trans-women—more than 3 MSM and transwomen get newly infected every hour of every day in the United States. Yet, despite nearly 20 years of increasing HIV infections among this community—my community—the CDC and the Department of Health and Human Services (HHS) refuses to adequately respond to the epidemic, instead relying on the same outdated prevention techniques and surveillance methodology that have completely failed in the past to control the epidemic."

Press Conference Participant Bios and Quotes

Mathew Rodriguez
ACT UP/NY

Mathew Rodriguez is the community editor for TheBody.com, the web's complete HIV/AIDS resource as well as a blogger for the Huffington Post, freelance journalist and essayist. He writes extensively on HIV/AIDS, health in communities of color, race, LGBT issues and popular culture.

"Young gay men of color are some of the most resilient people in America. Not because they want to be, but because they have to be — they are often forgotten and neglected when it comes to the policies that drive their health outcomes. I am honored to give young gay men of color a place at the table."

Craig Washington
AID Atlanta

Craig Washington was born and lovingly raised by Anna and Leon Washington in Queens, New York and has lived in Atlanta since 1992. At AID Atlanta, a multi-service AIDS organization, he serves as a Prevention Programs Manager. Craig oversees three HIV prevention programs for gay men including the Deeper Love Project, the Evolution Project, and the GO Atlanta gay men's program. Craig is a co-founder and has been a lead organizer of the annual Bayard Rustin-Audre Lorde Breakfast, a social justice event since 2002. He has written various articles and editorials for the Huffington Post, The Atlanta Voice, the Black AIDS Institute, Georgia Voice, Southern Voice and The Root.com.

Terri Wilder
ACT UP/NY

Terri L. Wilder has worked/volunteered in HIV patient services for the past 24 years. She has presented information on HIV both locally and nationally. She is an active community advocate who devotes a lot of time to lobbying on behalf of persons living with HIV/AIDS. Her articles on HIV can be found in AIDS Survival Project's *Survival News*, The Body's Web site, POZ, as well as Project Inform's Web site. She is currently a member of ACT UP/NY (AIDS Coalition to Unleash Power in New York) and actively works with the Prevention of HIV Action Group (PHAG).

"It is time for our government to take leadership in raising awareness about PEP and PrEP. People need choices!! My fear is that people won't learn about these life-saving tools until it is too late."

Press Conference Participant Bios and Quotes

Dazon Dixon Diallo, MPH
SisterLove, Inc.

Dazon Dixon Diallo is the President/CEO of SisterLove Inc, a 25 year old women's reproductive justice and HIV organizationn. She is the Chairperson of the Metropolitan Atlanta HIV Services Planning Council (Ryan White Planning Council) and adjunct professor at MoreHouse School of Medicine. Dixon Diallo is credited with developing effective evidence-based prevention interventions for women, and for leading the only national coalition focused on women and HIV biomedical prevention interventions.

"Ending the HIV epidemic in America and in the world will not happen without the robust and dedicated inclusion of women's and girls' prevention, treatment, care and protection of human rights."

Jim Eigo
ACT UP/NY

Jim Eigo has written on theater, dance, art, literature, sex and the design of clinical trials. He helped design two reforms of AIDS drug regulation, accelerated approval and expanded access, reforms that facilitated the delivery of many treatments to people across the world. For the better part of a decade he edited the magazines *Playguy* and *Inches*. His short fiction has appeared in such volumes as *Best American Gay Fiction #3*, in such periodicals as *The Chicago Review* and at such online venues as *Cleaver Magazine* and *Bohemia*. His first published art work appears in *The Poetics of Space* from Intima Press. You can read the first chapter of his novel-in-progress in the current issue of *ink&coda*. Recently his concrete poetry has appeared in *Otoliths* and the *Visual Poetry* tumblr blog.

"There are more means of preventing HIV than there have ever been. And yet in a single year the young black gay men of Atlanta become infected with HIV at a rate of 12%. This is a rate higher than any we find in any wealthy nation. Atlanta is the home of the Centers for Disease Control and Prevention, the CDC. Someone has been fiddling while Atlanta burns."

The Denver Principles (1983)

"The Denver Principles, written in 1983, continue to be an important milestone in the history of the AIDS epidemic. These principles were drafted and presented by 14 gay men with AIDS who were attending one of the very earliest AIDS conferences in Denver, Colorado in June of 1983. These 14 men met in the hotel where the conference was being held and then addressed the meeting's participants on the final evening. In the spirit of the Denver Principles, they asked if they could speak for themselves." –Ed Wolf

Statement from the People with AIDS advisory committee
We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."

RECOMMENDATIONS FOR ALL PEOPLE

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

RECOMMENDATIONS FOR PEOPLE WITH AIDS

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

RIGHTS OF PEOPLE WITH AIDS

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination of any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die – and to LIVE – in dignity. **Denver 1983**